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AUTHOR Roberts, Richard N.; And Others
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ABSTRACT

This report reviews the 248 home visiting programs serving children ages birth to 18 which provide a written training curriculum to their paraprofessionals. Programs were identified as part of a national survey of 4,162 potential home visiting programs (1,904 responses). Through a categorization process, 115 programs were identified as having valid home visitor/paraprofessional training manuals. The training programs were evaluated on the following variables: information presented to trainees, training techniques, length of training, incidence of on-going inservice training, incidence of post-training supervision, and presence of a trainee evaluation component. Based on the findings, suggestions of a theoretically optimum training sequence are offered. (DB)

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Paraprofessional Home Visitor Training Programs: A Review of the Current Status of Preservice and Inservice Training

Richard N. Roberts, Ph.D.

Early Intervention Research Institute

Utah State University

Todd A. Soutor, M.A.

Early Intervention Research Institute

Utah State University

Barbara Hanna Wasik, Ph.D.

University of North Carolina at Chapel Hill

RUNNING HEAD: Paraprofessional Training

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Abstract

This report is a product of the original national survey of home visiting programs serving families with children age birth to 18 done by Roberts and Wasik (1990). One of the major issues examined by those authors was the type of preservice training provided by programs to their paraprofessionals. This paper reviews those programs, throughout the country, using a written training curriculum with their paraprofessionals. 248 programs provided written material. Through a defined categorization process, we determined that 115 programs provided a valid home visitor/paraprofessional training manual. The training programs were evaluated on the following variables: information presented to trainees, training techniques, length of training, incidence of on-going inservice training, incidence of post-training supervision, and presence of a trainee evaluation component. Based on the findings, suggestions of a theoretically optimum training sequence are offered.

Paraprofessional Home Visitor Training Programs: A Review of the Current Status of Preservice and Inservice Training

Wasik, Bryant, and Lyons (1990) describe home visiting as the process by which a professional or paraprofessional provides assistance to a family in its own home. Generally, the home visitor will frequent the home to provide services as they are targeted by collaboration of the family and home visiting agency. Usually the help focuses on social, emotional, cognitive, or health needs and takes place over a sustained period of time (Wasik, Bryant, & Lyons, 1990). Within our contemporary society, home visiting is not only a prevalent practice, but its use as an intervention strategy appears to be increasing (Wasik & Roberts, 1990).

Wasik and Roberts (1990) provided information from a national home visitor survey on the training and supervision of individuals serving as home visitors. Those authors reported a general lack of training materials and training effort by agencies providing home visiting services. Several reasons were presented concerning the lack of training materials. First, very few materials have been specifically prepared for home visitors. Second, materials that have been prepared are unavailable. And third, it is an exceedingly expensive and time-consuming effort for agencies to develop their own training materials (Wasik & Roberts, 1990).

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of preservice training provided by programs to their paraprofessionals. This paper reviews those programs, throughout the country, using a written training curriculum with their paraprofessionals.

Method

Program Identification

A mailing list of 4,162 potential home visiting programs serving children prenatal to 18 was created using several methods: (a) peer nomination, (b) existing mailing lists, (c) nomination by sponsoring agencies, and (d) self-nomination. Questionnaires were sent to 4,162 programs which constituted the final mailing list. Seven months after the initial mailing, a follow-up mailing was sent to all nonrespondents in the initial round. After both mailings, the total number of valid questionnaires returned was 1,904.

Selection of Sample for Present Study

The selection of paraprofessional programs which implement a written curriculum in their training process occurred in the following manner illustrated in Figure 1.

Insert Figure 1 about here

The initial mailing list in this project (Roberts & Wasik, 1990) was comprised of 4,162 agencies. Of that number, 1,904 valid surveys were returned. From these valid surveys, 913 programs responded affirmative to the provision of preservice training. Of those 913, 694 reported using a written

curriculum in their training process. This was the group that was targeted. We made requests of those agencies to provide us with a copy of their materials that they used in training their home visitors. Those 694 agencies were contacted through both mail and telephone. A seven month deadline for receiving material was established. By that time, we had received 248 responses. Through a defined categorization process, we determined that 115 programs provided a valid home visitor/paraprofessional training manual.

Insert Table 1 about here

We categorized the material in this manner:

1. Paraprofessional Training Manual: Written curriculum outlining a training schedule targeted to those individuals who were preparing to provide home visiting services.
2. Parental Material: Written material targeted directly to the parents. There was no training schedule, nor was there any mention of the information being provided to the parents by a home visitor. This material was generally concerned with providing information in an educational manner leading to the development of parental skills.
3. Combined Paraprofessional Training and Parental Development: These materials included both a training schedule (as in number 1) and information targeted directly to the parent (as in number 2).
4. Other: Material outlining a specific sequence of activities to be implemented

by the paraprofessional in the home. No paraprofessional training was mentioned.

Once we began dissecting these 115 training manuals from the previously mentioned defined groups, we focused our attention on these variables

1. The content of the training programs.
2. The techniques used in training the paraprofessionals.
3. The length of training process.
4. The provision of ongoing inservice training.
5. The use of post-training supervision.
6. The implementation of trainee evaluation.

Results

Content

The material generally presented to the paraprofessionals within the training regimen is illustrated in Table 2. There appears to be an strong emphasis in relaying information about the service receiving population, the responsibilities of a home visitor, parenting skills, and communication skills. Conversely, we found less emphasis in the areas of self-awareness, assertiveness, understanding human needs, and creating empathy and trust. It appears that there presently seems to be an emphasis on training paraprofessionals on content-type information rather than focusing on building affective, personal skills in their home visitors.

Insert Table 2 about here

Techniques

In reviewing the particular techniques used to train the paraprofessionals. Table 3 shows that the programs generally use a preferred training system involving lectures, written material, discussion, and audio visual presentations. There seems to be less usage of problem solving exercises, observation of experienced home visitors, and conferencing/discussing of current cases.

Insert Table 3 about here

Length

We chose the length of training as another variable to investigate. The results are shown in Table 4. There appears to be an even distribution of training hours for paraprofessionals to complete the training. The most commonly occurring training length was between 11 and 15 hours. 26% of the programs placed their home visitors in the field with less than 11 hours of training.

Insert Table 4 about here

Ongoing Training

The use of ongoing inservice training appears to be provided by a little over half the programs reviewed. Table 5 shows fifty-five percent of the programs providing continued inservice training to their home visitors after the initial training orientation.

Insert Table 5 about here

Post-training Supervision

In reviewing the use post-training supervision, a strong tendency appears for paraprofessionals to be provided with supervision. Table 6 shows ninety-two percent of the programs providing structured, direct supervision to the home visitors.

Insert Table 6 about here

Trainee Evaluation

Table 7 shows the percentage of agencies that use an evaluative component in their training process. One-third of the programs evaluate the trainees upon completion of the training program while two-thirds of the

programs do not presently use an evaluation of the home visitors.

Insert Table 7 about here

Discussion

This paper has examined the training programs of those agencies providing written training materials to their home visitors. The sample was selected from those agencies who responded to a national home visiting survey conducted by Roberts and Wasik (1990). As such, the sample is neither exhaustive nor can it be said with certainty that it completely samples those programs currently in operation. This paper comments on the home visiting programs we could identify and who responded rather than a sample of all existing programs.

Programs were evaluated for the content of their training regimen. Presently, there appears to be an emphasis on training home visitors by providing them with educational information, such as describing the service receiving population and defining role responsibilities. We refer to this as educational-cognitive material.

Based on this interpretation, we would like to suggest that there be a balance in both the educational-cognitive and affective material. When comparing this training content with the qualities of home visitors (i.e. good communication skills, openness to family differences, nonjudgemental acceptance, awareness of their personal differences and biases) that are seen as important (Wasik & Roberts, 1990). It appears that there is very little being

done at the training level, outside of communication training, to support the acquisition of these characteristics. Content is very important; however, we propose that it should be balanced with some affect type personal skills training.

Most programs used lectures, written material, discussion, and audio-visual presentations as the training techniques of choice. With techniques like observation and case conferencing occurring in about one third of the reviewed programs, we feel that a valuable training tool may be being underutilized. These activities appear to exist closer to "in the field" reality and may have greater relevance to the actual practice. Reviewing cases or observing actual field experience may be more beneficial in establishing and changing behaviors of the paraprofessional. We suggest supplementing the lectures, discussions, and films with actual observation and case review in training paraprofessionals.

The length of preservice training is an area of concern. It appears that there may be a trade-off concerning the length of training vs. required case numbers of the program. There may be very legitimate reasons for home visitors to be placed in the field very shortly after their orientation in the program. One consequence of this that may be of concern is the initial competency of the home visitors. A shorter training period may directly effect the paraprofessional's preparedness in the field. The economical and philosophical considerations of the program need to be assessed in order to determine the relationship between length of training and preparedness of the home visitor to enter the field.

Ongoing inservice training was provided by a little over half of the

programs reviewed. Less than 100% compliance in this area have negative long term implications for the agency, the home visitor, and the families. We propose that ongoing inservice training is important for all home visitors. First, the availability of prevalent high quality comprehensive training is infrequently available prior to employment. Second, because ongoing training typically takes place in a group setting, ongoing training can provide a situation which peers can be a source of information and support for one another. We suggest ongoing, inservice training is a valuable tool which is an essential part of a comprehensive training process.

Those training programs reviewed showed a strong emphasis on the provision of post-training supervision. These results appear encouraging in that programs, by providing supervision, may be supporting, training, and directing the home visitors in an informal manner to the best of their economical abilities.

Finally, it appears that only one-third of the programs use an evaluative process in their training. An evaluative component can be a valuable tool within a comprehensive training strategy. Evaluation would insure that the paraprofessionals are receiving the information consistent with the goals of the program. Furthermore, evaluation could supply the program with information indicating needs for future or more detailed training for their home visitors.

We are not claiming that this analysis is descriptive of all the paraprofessional training programs throughout the country. We are simply commenting on the trends we see concerning those programs who provided us with information. We understand the practical difficulties involved in setting up any paraprofessional training program.

If we were asked to set up a theoretically optimum training sequence, we would suggest the following:

1. The use of a written curriculum in the training of home visitors. This would facilitate consistent and reliable training to all home visitors within a given agency.

2. A balance in both the cognitive and affective material presented in the training process. Presently there appears to be an emphasis on cognitive type material. We propose giving paraprofessionals opportunities to explore their personal biases, develop empathetic skills, work toward understanding family differences, and acquire a self-awareness within their role as a home visitor.

3. An implementation of actual "in the field" experiences (i.e. case conferencing and observation of home visits) as a part of the training sequence to supplement the lectures, discussions, and films that are presently being used.

4. An awareness of the cumulative training time needed to produce a "prepared" home visitor while still meeting the practical demands of the program.

5. A provision within the training sequence of ongoing inservice training and support to the home visitors. Presently, this is only being practice by about half the programs reviewed.

6. The use of post-training supervision as an integral part of the training expectations. This appears to be currently in practice in the field.

7. The implementation of an evaluative component within the training process. This would insure the acquisition of material which is consistent with the philosophies of the program as well as identification of areas of further

training.

Table 1

Categorization of written material provided by programs. N = 248

Content of provided material	Percentage of total
Home Visitor/Paraprofessional Training Manual	44%
Parental Material	25%
Combined Home Visitor Training and Parental Development	2%
Other (Activities to be implemented in Home)	8%
(Non-Training Material Describing the Program)	21%

Table 2

Information presented to paraprofessionals in training (% of programs)

Topic	% of programs
Information on Target Population	97%
Role Responsibility	89%
Parenting Skills	82%
Communication Skills	74%
Child Abuse: Neglect	53%
Confidentiality/Ethics	53%
Community Resources	47%
Child Development	42%
First Aid/Health/Safety	37%
Family Structure Planning: Values	29%
Assessment	26%
Stress Management	24%
Cultural Information	18%
Nutrition	18%
Empathy/Trust	11%
Crisis Intervention	10%
Understanding Human Needs	9%
Assertiveness	8%
Self Awareness	8%

Table 3

Techniques used in training paraprofessionals (% of programs)

Training technique	% of programs
Lectures	100%
Written Material	97%
Discussion	95%
Audio Visual Presentations	82%
Role Play Simulations	68%
Modeling	39%
Case Conferencing Anecdotal Personal Experience	34%
Observation	32%
Problem Solving Exercises	8%

Table 4

Preservice length of training (% of programs)

Hours of preservice training	% of programs
1-5 hrs.	13%
6-10 hrs.	13%
11-15 hrs.	21%
16-20 hrs.	12%
20-30 hrs.	11%
30 + hrs.	16%
Unspecified	14%

Table 5

Use of on-going inservice training (% of programs)

Status of on-going training	% of programs
Provide On-going Inservice training	55%
No On-going Inservice training specified	45%

Table 6

Use of post-training supervision (% of programs)

Status of supervision	% of programs
Provide Supervision	92%
No Post-Training Supervision Specified	8%

Table 7

Use of an evaluative component (% of programs)

Status of trainee evaluation	% of programs
Implement Trainee Evaluation	34%
No Trainee Evaluation Specified	66%

Figure 1. Sample selection of the programs included in this study.

4162 - Original Mailing List

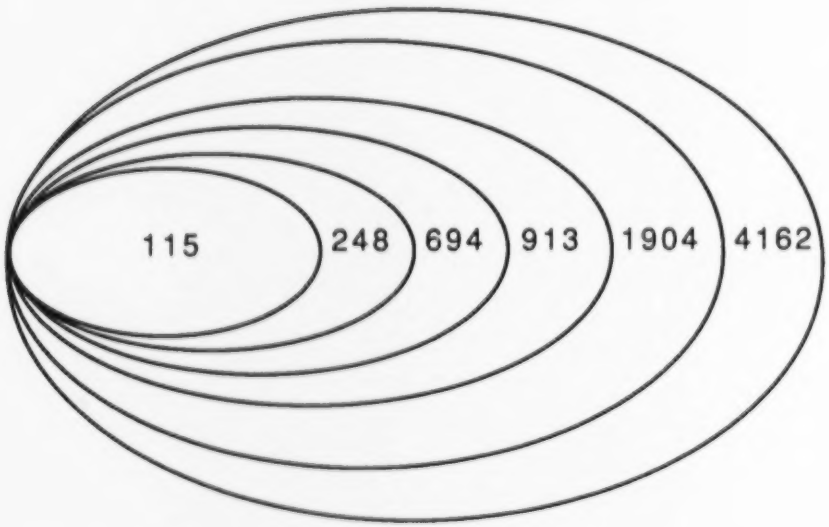
1904 - Valid Questionnaires Returned

913 - Programs Providing Preservice Training

694 - Programs Providing Written Training Curriculum

248 - Written Material Provided by Program

115 - Home Visitor/Paraprofessional Training Manual



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